

**PCT**  
**POWER OF ATTORNEY**

The undersigned, **Robert Anthony Mook, Jr.**, a citizen of the United States of America  
Whose address is: **GlaxoSmithKline, Five Moore Drive**  
**PO Box 13398, Research Triangle Park, NC 27709 United States of America**

hereby makes, constitutes and appoints:

Virginia C. Bennett	Robert H. Brink	Michael M. Conger	Charles E. Dadswell
Bonnie Deppenbrock	Amy H. Fix	Frank P. Grassler	John Lemanowicz
David J. Levy	Lorie Ann Morgan	Karen L. Prus	James P. Riek
Robert J. Smith	J. Michael Strickland		

all of: GlaxoSmithKline, Corporate Intellectual Property, Five Moore Drive, PO Box 13398, Research Triangle Park, North Carolina 27709 USA, and

Stephen Venetianer	Wayne J. Dustman	William T. Han	Kirk Baumeister
James M. Kanagy	William T. King	Nora Stein-Fernandez	Yuriy P. Stercho
Linda E. Hall	Mary E. McCarthy	Edward R. Gimmi	Soma G. Simon
Charles M. Kinzig	Dara L. Dinner	Loretta J. Henderson	William R. Majarian
Zoltan Kerekes			

all of: GlaxoSmithKline, Corporate Intellectual Property, 709 Swedeland Road, King of Prussia, Pennsylvania 19406-0939, USA,

as attorneys to act on applicant's behalf before the United States Patent & Trademark Office, an Office of the Patent Cooperation Treaty, or any foreign Patent Office in connection with any and all national and international applications filed by applicant to make or receive payments on applicant's behalf and to appoint additional agents or attorneys for purpose of acting before a PCT International Preliminary Examining Authority, and.

Alison Blakey; Karen Crawley; Anthony C Connell; Marcus J William Dalton; Hugh B Dawson; Peter I Dolton; Richard L Easeman; Wendy A Filler; Peter J Giddings; Ruth E Hackett; Sian C Hockley; Peter P Lawton; Stephanie A Learoyd; Michael J Lubienski; Kathryn L Privett; Helen K Quillin; Michael A Reed; Marion L Rees; Julie F Reeves; David Roberts; Brian J Russell; Keith Rutter; Robert Stephen; Michael J Stott; Andrew J Teuten; Clive B Thompson; Rachel M Thornley; Arthur W R Tyrrell; Jill B Valentine; Ralph F Walker; David M Waters; Vivien West; and Susan M White, all of: GlaxoSmithKline, Corporate Intellectual Property, CN925.1, 980 Great West Road, Brentford, Middlesex, TW8 9GS, Great Britain,

as attorneys to act on applicant's behalf before the PCT International Bureau, or any foreign Patent Office in connection with any and all national and international applications filed by applicant to make or receive payments on applicant's behalf and to appoint additional agents or attorneys for purpose of acting before a PCT International Preliminary Examining Authority.

Signature



Date

10/20/03

Place

Durham, NC

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

 ATTORNEY'S DOCKET  
**PU4870USw**

 First Names Inventor:  
**Andrews**
Complete if known:  
 App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## THIOPHENE COMPOUNDS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

 Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER  
**PU4870USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
 Customer Number **23347** and Customer Number **20462**

 Address all correspondence and telephone calls to Customer Number **23347**

David J. Levy  
 Corporate Intellectual Property  
 GlaxoSmithKline  
 Five Moore Drive, PO Box 13398  
 Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

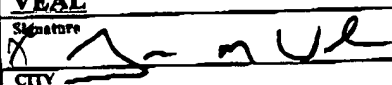
Lorie Ann Morgan  
 919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1 - 00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <b>ANDREWS, III</b>	FIRST GIVEN NAME <b>Clarence</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature <i>Clarence W. Andrews III</i>		Date: <b>10-10-03</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHEUNG</b>	FIRST GIVEN NAME <b>Mui</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIS-WARD</b>	FIRST GIVEN NAME <b>Ronda</b>	SECOND GIVEN NAME/INITIAL <b>G</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

204	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Howard</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
5-00205	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
	INVENTOR'S SIGNATURE	Signature <i>Kyle D. Emmitte</i>		Date: <b>10/10/2003</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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206	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
208	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
209	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

Page 4 of 4

2 1 0	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature 		Date: <b>9-26-2003</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Apex NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>

BEST AVAILABLE COPY

<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b>  ( ) Declaration submitted with initial filing or  ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	<b>ATTORNEY'S DOCKET</b> <b>PU4870USw</b>
	First Names Inventor: <b>Andrews</b>
	<u><b>Complete if known:</b></u> App No.:
	Filing Date
Group Art Unit:	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
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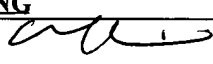
I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

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Application No.	Filing Date (MM/DD/YYYY)
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2.	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4870USW</b>
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>				
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number <b>23347</b> and Customer Number <b>20462</b></p>				
Address all correspondence and telephone calls to <b>Customer Number <u>23347</u></b> <b>David J. Levy</b> <b>Corporate Intellectual Property</b> <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b> <b>Research Triangle Park, NC 27709-3398</b>			Direct Telephone Calls to:  <div style="text-align: center;"><b>Lorie Ann Morgan</b> <b>919-483-8222</b></div>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>ANDREWS, III</b>	FIRST GIVEN NAME <b>Clarence</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHEUNG</b>	FIRST GIVEN NAME <b>Mui</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: <b>10/7/03</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIS-WARD</b>	FIRST GIVEN NAME <b>Ronda</b>	SECOND GIVEN NAME/INITIAL <b>G</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Howard</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
6-00 2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
	INVENTOR'S SIGNATURE	Signature 		Date: <b>10/25/03</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



2	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Apex</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>

<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b>  <input type="checkbox"/> Declaration submitted with initial filing or <input type="checkbox"/> Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	ATTORNEY'S DOCKET <b>PU4870USw</b>
	First Names Inventor: <b>Andrews</b>
	<u>Complete if known:</u> App No.:
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Group Art Unit:	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THIOPHENE COMPOUNDS**

the specification of which (check only one item below):

☐ is attached hereto.

OR

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Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER  
**PU4870USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
 Customer Number **23347** and Customer Number **20462**

 Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy  
 Corporate Intellectual Property  
 GlaxoSmithKline  
 Five Moore Drive, PO Box 13398  
 Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Lorie Ann Morgan  
 919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>ANDREWS, III</b>	FIRST GIVEN NAME <b>Clarence</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHEUNG</b>	FIRST GIVEN NAME <b>Mui</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
3-00 2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIS-WARD</b>	FIRST GIVEN NAME <b>Ronda</b>	SECOND GIVEN NAME/INITIAL <b>G</b>
	INVENTOR'S SIGNATURE	Signature <i>Ronda L. Davis-Ward</i>		
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

4-002	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Harold</b>
	INVENTOR'S SIGNATURE	Signature <i>David Marshall Drewry</i>		Date: <i>October 8, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
208	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
209	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Apex</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
**PU4870USw**

First Names Inventor:  
**Andrews**

**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4870USW</b>	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)	
				<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number <b>23347</b> and Customer Number <b>20462</b>					
Address all correspondence and telephone calls to <b>Customer Number 23347</b> <b>David J. Levy</b> <b>Corporate Intellectual Property</b> <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b> <b>Research Triangle Park, NC 27709-3398</b>				Direct Telephone Calls to:  <b>Lorie Ann Morgan</b> <b>919-483-8222</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>ANDREWS, III</b>	FIRST GIVEN NAME <b>Clarence</b>	SECOND GIVEN NAME/INITIAL <b>W</b>	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>		COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>		STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHEUNG</b>	FIRST GIVEN NAME <b>Mui</b>	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>		COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>		STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIS-WARD</b>	FIRST GIVEN NAME <b>Ronda</b>	SECOND GIVEN NAME/INITIAL <b>G</b>	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>		COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>		STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Howard</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
7-00 2	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
0	INVENTOR'S SIGNATURE	Signature 		Date: <b>10/7/03</b>
7	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



2	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Apex</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>

<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b>  ( ) Declaration submitted with initial filing or  ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	ATTORNEY'S DOCKET <b>PU4870USw</b>
	First Names Inventor: <b>Andrews</b>
	<u>Complete if known:</u> App No.:
	Filing Date
	Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THIOPHENE COMPOUNDS**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4870USW</b>	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>					
			<b>STATUS (Check one)</b>		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		PATENTED	PENDING
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number <b>23347</b> and Customer Number <b>20462</b></p>					
Address all correspondence and telephone calls to Customer Number <b>23347</b> <b>David J. Levy</b> <b>Corporate Intellectual Property</b> <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b> <b>Research Triangle Park, NC 27709-3398</b>				Direct Telephone Calls to:  <b>Lorie Ann Morgan</b> <b>919-483-8222</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2   0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		<b>ANDREWS, III</b>	<b>Clarence</b>	<b>W</b>	
	<b>Durham</b>	<b>NC</b>	<b>US</b>		
	<b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	<b>Research Triangle Park</b>	<b>NC 27709 US</b>		
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		<b>CHEUNG</b>	<b>Mui</b>	<b>G</b>	
	<b>Durham</b>	<b>NC US</b>	<b>CN</b>		
	<b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	<b>Research Triangle Park</b>	<b>North Carolina 27709, US</b>		
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		<b>DAVIS-WARD</b>	<b>Ronda</b>	<b>G</b>	
	<b>Durham</b>	<b>NC US</b>	<b>US</b>		
	<b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	<b>Research Triangle Park</b>	<b>North Carolina 27709, US</b>		

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Howard</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
8-00 2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
	INVENTOR'S SIGNATURE	Signature <i>James Andrew Linn</i>		Date: <i>Oct. 7, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

10-002 1 0	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature <i>[Handwritten Signature]</i>		Date: <b>10-7-03</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Apex</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
**PU4870USw**

First Names Inventor:  
**Andrews**

Complete if known:  
App No.:

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

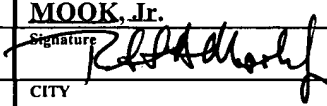
### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4870USW</b>
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>				
		<b>STATUS (Check one)</b>		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number <b>23347</b> and Customer Number <b>20462</b></p>				
Address all correspondence and telephone calls to <b>Customer Number <u>23347</u></b> <b>David J. Levy</b> <b>Corporate Intellectual Property</b> <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b> <b>Research Triangle Park, NC 27709-3398</b>			Direct Telephone Calls to:  <div style="text-align: center;"><b>Lorie Ann Morgan</b> <b>919-483-8222</b></div>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2   0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>ANDREWS, III</b>	FIRST GIVEN NAME <b>Clarence</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709 US</b>
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHEUNG</b>	FIRST GIVEN NAME <b>Mui</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>DAVIS-WARD</b>	FIRST GIVEN NAME <b>Ronda</b>	SECOND GIVEN NAME/INITIAL <b>G</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

204	FULL NAME OF INVENTOR	FAMILY NAME <b>DREWRY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL <b>Harold</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>EMMITTE</b>	FIRST GIVEN NAME <b>Kyle</b>	SECOND GIVEN NAME/INITIAL <b>Allen</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>HUBBARD</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Dale</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>KUNTZ</b>	FIRST GIVEN NAME <b>Kevin</b>	SECOND GIVEN NAME/INITIAL <b>W</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
208	FULL NAME OF INVENTOR	FAMILY NAME <b>LINN</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
9-00209	FULL NAME OF INVENTOR	FAMILY NAME <b>MOOK, Jr.</b>	FIRST GIVEN NAME <b>Robert</b>	SECOND GIVEN NAME/INITIAL <b>Anthony</b>
	INVENTOR'S SIGNATURE	Signature 		Date: <b>6/21/04</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham NC</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



2	FULL NAME OF INVENTOR	FAMILY NAME <b>SMITH</b>	FIRST GIVEN NAME <b>Gary</b>	SECOND GIVEN NAME/INITIAL <b>Keith</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VEAL</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Marvin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Apex</b>	STATE OR FOREIGN COUNTRY <b>NC US</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>8916 Weaver Crossing Road</b>	CITY <b>Apex</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27502, US</b>